

 ENVELOPE #

 Website: **stjamesnorthmiami.org DATE / / /**

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| **PARISH REGISTRATION FORM** |
| Family (Last) Name  | Mailing Address (PO Box or Street)  | City  | State  | ZIP  |
| Family’s Primary e-mail address  | Home Phone (Primary Phone  |

**Family Status:** Single [ ]  Widowed [ ]  Separated [ ]  Divorced [ ]  Married [ ]  (see below if yes)

Date of Marriage / / Were you married by a Catholic Priest? Yes [ ]  No [ ]  Civil Marriage [ ]  Common Law [ ]

**Head of the Household**

First Name: Middle Name: Last Name: Sex: F[ ] /M[ ]  Suffix: Sr./Jr.\_

(Maiden Name): DOB: Religion: Occupation: \_

  *(mm/dd/yyyy)*

Email:\_ Work Phone: Cell Phone:\_ \_

**Sacraments:**

Baptism: Y[ ]  N[ ]  First Eucharist Y[ ]  N[ ]  Reconciliation: Y[ ]  N[ ]  Confirmation: Y[ ]  N[ ]

**Spouse**

First Name: Middle Name: Last Name: Sex: F[ ] /M[ ]  Suffix: Sr./Jr.

(Maiden Name): DOB: Religion: Occupation: \_

  *(mm/dd/yyyy)*

Email:\_ Work Phone: Cell Phone:\_ \_

**Sacraments:**

Baptism: Y[ ]  N[ ]  First Eucharist Y [ ]  N[ ]  Reconciliation: Y[ ]  N[ ]  Confirmation: Y [ ]  N [ ]

**Dependents: Children under 18 and/or other adults living at home. Check Sacraments Received and the date if known**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name Middle I. Last Name  | F/M | Relationship | Date of Birthmm/dd/yy | Baptism | 1st Eucharist | Reconciliation | Confirmation | Grade |
|   |   |   |   | [ ]  | [ ]  | [ ]  | [ ]  |   |
|   |   |   |   | [ ]  | [ ]  | [ ]  | [ ]  |   |
|   |   |   |   | [ ]  | [ ]  | [ ]  | [ ]  |   |
|   |   |   |   | [ ]  | [ ]  | [ ]  | [ ]  |   |

**DO YOU WISH TO RECEIVE ENVELOPES? YES** [ ]  **NO** [ ]

**Thank you for taking the time to register. Please check our weekly bulletin and/or website for information regarding faith development, our many parish activities or ways you can volunteer to help our parish family.**

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***FOR OFFICE USE ONLY*** **ENV #: Posting Date: / / Initials:**